



WESTERN ASSOCIATION OF COURT ADMINISTRATORS 2024 MEMBERSHIP APPLICATION FORM

Date: _____

First-Time Member: _____ Previous Member: _____

Name: _____
First Middle Initial Last

Other names that you may have been listed under: _____
If a new clerk, list the name of clerk that you are replacing: _____

Previous clerk: Retired Transferred to another court Other _____

Last 4 SSN: _____ (This will be your WACA Member ID #)

Name of Court: _____

Mailing Address: _____

City: _____ MISSOURI ZIP: _____

County: _____ MACA Region #: _____

Phone #: (____) _____ Ext. #: _____ Fax #: (____) _____

E-mail Address: _____

Years of Service: _____

CCA (Certified Court Administrator): Yes (____) No
year received

MACCA (MACA Advanced Court Administrator): Yes (____) No
year received

ACCA (Advanced Certified Court Administrator): Yes (____) No
year received

CPC (Certified Prosecutor Clerk): Yes (____) No
year received

Title/Position: _____

Municipal Associate Circuit Other: _____

MEMBERSHIP DUES IN THE AMOUNT OF \$40.00 DUE BY JANUARY 1ST OF EACH YEAR

MAKE CHECK PAYABLE TO: **WACA**

MAIL TO: Sarah Collins
Richmond Municipal Court
205 Summit Street
Richmond, MO 64084

FOR WACA USE ONLY

Date payment received: _____ Amount received: _____ Check #: _____

Paid By: CITY SELF

FULL MEMBER ASSOCIATE MEMBER

Full members receive WACA Membership status and may participate in WACA trainings, voting and serve as a WACA Board Member.